



ACCOUNT OWNER CHANGE (PAGE 1 OF 2)

Use this form to change the owner of your account. Please complete both sides of this form. This original notarized form (i.e. fax or photocopy not accepted), along with the required signatures noted below, is necessary to complete your request.

Current Account Information

Account Number, Current Account Owner, Student Beneficiary, Type of Account, Name, SSN or TIN, Lump Sum, Custom Monthly

Reason for Change Request - Please select one

- Disability of Account Owner, Death of Account Owner, Court Order, Other (please specify)

Automatic Payments

Inactivate the Automatic Monthly Withdrawal (ACH) for this GET account

To change payroll deductions, the employee must submit to his or her payroll department an Authorization for Payroll Deduction form, available for download from www.get.wa.gov.

Current Account Owner's Signature - Not required for change of Account Owner due to death

I acknowledge that by submitting this form, I relinquish all rights and responsibilities of the account to the new account owner: ... and I certify under the penalty of perjury, that all the above information is true and correct.

Current Account Owner's Signature (Notary must witness signature.) Date (Must match date signed by Notary)

Notary Section - Not required for change of Account Owner due to death

State of County of

I certify that I know or have satisfactory evidence that (required) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date (Must match date signed by Account Owner) Signature Printed Name Title My appointment expires



ACCOUNT OWNER CHANGE (PAGE 2 OF 2)

GET Account Number: _____ Student Beneficiary Name: _____

New Account Owner's Information

Name (First, Middle, Last, Suffix) _____
SSN or TIN (Required) _____
Birth Date _____
Street Address/Apartment Number _____
Post Office Box Number _____
City/State/Zip Code _____
Email Address _____
Telephone Numbers _____
Home Work Other (Please specify type.)

New Account Owner's Signature

By signing this form I agree to the following:

- I certify that the information provided is true and accurate to the best of my knowledge.
I have read, fully understand and agree to all the terms and conditions of the Master Agreement and acknowledge that penalties and fees may apply for account cancellation/termination.
If this is a Custom Monthly account, I am aware that a monthly payment is due and that I may be charged late fees if my payment is not received by the last day of the month.

New Account Owner's Signature (Notary must witness signature.)

Date (Must match date signed by Notary)

Notary Section

State of _____

County of _____

I certify that I know or have satisfactory evidence that (required) _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____
(Must match date signed by Account Owner)

Signature _____
Printed Name _____

Title _____

My appointment expires _____

Seal or Stamp)